

**Amendment No. 7 to SB2300**

**Fowler  
Signature of Sponsor**

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 2300**

**House Bill No. 2321\***

by adding the following new section immediately preceding the last section and by renumbering the subsequent section accordingly:

SECTION \_\_\_\_.

(a) There shall be a special TennCare safety-net study committee appointed composed of the following:

- (1) A representative of Blue Cross Blue Shield of Tennessee;
- (2) A representative of John Deere;
- (3) A representative of Farmers Insurance;
- (4) The commissioner of finance and administration or the commissioner's designee;
- (5) The commissioner of commerce and insurance or the commissioner's designee;
- (6) The director of the bureau of TennCare;
- (7) An insurance actuary selected by agreement of the speaker of the senate and speaker of the house of representatives;
- (8) A member of the senate and house of representatives, one selected by each majority and minority leader of each respective house.
- (9) A representative of Tennessee Medical Association; and
- (10) A representative of the Tennessee Hospital Association.

(b) The bureau of TennCare and the department of commerce and insurance shall provide legal counsel to the committee.

(c) The committee shall submit a report to the general assembly no later than January 10, 2006, on the feasibility of obtaining a federal waiver under

Section 1115 or any other appropriate provision of the federal social security act that would:

- (1) Place more financial responsibility on the health care consumer to make wise purchases;
- (2) Extend greater choice to consumers;
- (3) Take advantage of market forces;
- (4) Make private insurance accessible to more people; and
- (5) Create greater insurance portability.

(d) The committee shall also give consideration to obtaining an appropriate waiver that would:

(1) Allow Medicaid eligible persons and any other person not having access to health insurance to purchase insurance from among more than two insurers licensed under title 56, with the state paying the full premium for those who are Medicaid eligible and a portion of the premium, based on a sliding scale, for those who are not Medicaid eligible but whose income is at or below one hundred fifty percent (150%) of the federal poverty level and those other persons not having access to health insurance to paying the full premium; or

(2) Provide a high deductible policy in conjunction with medical savings accounts for Medicaid and non-medical eligible persons; or

(3) A premium assist program whereby premiums could be paid for any Medicaid eligible person having access to employer provided health insurance; or

(4) Any combination of the foregoing.

(e) The committee report shall also provide a description of any statutory changes that would be required to make any such program actuarially feasible.